


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--

DOCUMENT # P00000036775

1. Corporation Name

CARIB TRIBE, INC.

Principal Place of Business

1649 SOUTHWEST 29TH TERRACE
UNIT #2
FORT LAUDERDALE FL 33312

Mailing Address

1649 SOUTHWEST 29TH TERRACE
UNIT #2
FORT LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3540 NW 7th place

Suite, Apt. #, etc.

FL Lauderdale

City & State

FLORIDA

Zip

33311

Country

Broward

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/12/2000

5. FEI Number

65-0999257

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PHILLIPS, TESROY E SR	1649 SOUTHWEST 29TH TERRACE UNIT 3540 NW 7th place	FORT LAUDERDALE FL 33312 33311
VSTD	PHILLIPS, MAEKIAPHAN	1649 SOUTHWEST 29TH TERRACE UNIT 3540 NW 7th place	FORT LAUDERDALE FL 33312 33311
PD	Phillips, Tesroy E SR	3540 NW 7th place	Fort Lauderdale FL 33311
VSTD	Phillips, Maekiaphan	3540 NW 7th place	Fort Lauderdale FL 33311

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/26/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/01 954-587-6195

CR2ED-9 (8/01)

Carib Tribe, Inc
3540 North West 7th Place
Fort Lauderdale, Florida 33311
November 26, 2001

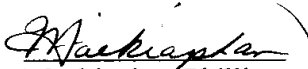
RE: Reinstatement Document # P00000036775

Dear Sir or Madame,

My name is Maekiaphan Phillips. I am an officer in the corporation Carib Tribe, Inc. I did not receive any other papers about this corporation before I received these papers for the administrative dissolution or revocation of the corporation. At this time I am humbly asking for you to waive these fees.

Enclosed please find a check for one hundred fifty (\$150.00) dollars, completed application with address change of corporation and address change for officers.

Thank you,


Maekiaphan Phillips
Secretary/Treasurer